

# Best Available Copy

ISSUE STIP STATE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | MJW      | 57     | 11-18-00 |
| FORMALITY REVIEW          | 2        | 6934   | 8/10/01  |
| RESPONSE FORMALITY REVIEW | 1        | 71622  | 2/23/01  |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
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| Final    |        |
| Original |        |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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